

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

#506

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Department

DATE: 6/23/05
Return by: 7/14/05

CATERER: X

NON-CATERER:

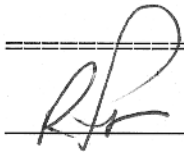
APPLICANT: GEEMAX INC. DBA THE ~~A~~ZONE, 728 1/2 Q STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: PARKING LOT
IMMEDIATELY ADJACENT TO LICENSED PREMISES.

DATE (S) & TIME(S) OF EVENT : SEPTEMBER 3, 10, 17; OCTOBER 1, 8, 29; NOVEMBER 12, 2005;
TIMES: 8AM TO 1AM EACH DATE

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

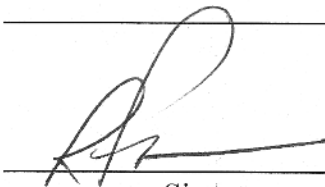


APPROVED

CONDITIONS

DENIED

REASON(S) FOR



Signature

(If needed, use back for additional space)

6-23-05

Date

PUBLIC HEARING BEFORE COUNCIL: 7/18/05
(SDLRPT.JER)

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
- ☐ Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- ☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- ☐ LOCAL APPROVAL must be included with this application
- ☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
- ☐ **NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS**

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one)
- | | | | | | | | |
|--|--|---|--|--|---|---|---|
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|--|--|---|--|--|---|---|---|

3. **Name and Address** of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) **IK 33617**

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508

4. **Address or location** of premises to be covered by license. (City, County Number, Zip Code)

N-ZONE 728 1/2 Q ST LINCOLN, NE 68508

- Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

5. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 THE N-ZONE

6. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MIKE MCCARTY (475-8683) CHERYL MCCARTY

7. **DATE(S) OF EVENT** (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

9/3/05

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

Time(s) of event (example 8am to 1am, this is considered one day)

FROM: *8am.* TO: *1am.*

8. Describe the Type of Activity to be carried on during the time period for which the license is requested.

outdoor FOOD & Beverage

9. Provide an estimated number of attendees at this event *150*. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

10. **PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.**

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APPLICANT MUST COMPLETE
ALL SECTIONS OF THIS FORM

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**SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM**

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: THE N-ZONE outdoor Food & Beverage

Applicant and Sponsoring Organization or Person (if applicable): Gremax Inc.
THE N-ZONE

Date of Event: 9/3, 9/10, 9/17, 10/1, 10/8 Time of Event: 8 A.M. - 1 A.M.
10/29, 11/12

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 150 Number of persons under 21 expected: 0
Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:
Security person at each entrance. No one under 21 permitted

Will food be served? ☒ Yes ☐ No If yes, please list food to be served:
FULL MENU. Sandwiches, Appetizers, Side items
SALADS, soups, pizza.

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: Water, All Coca-Cola products,
LEMONADE

Please identify the beverages containing alcohol that will be served: ☒ Wine ☒ Beer
☒ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? trained bartender
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING

Neil McCarty
Applicant's Signature

9/10/05
Date

THE N-ZONE
728 Q ST
Lower Level

